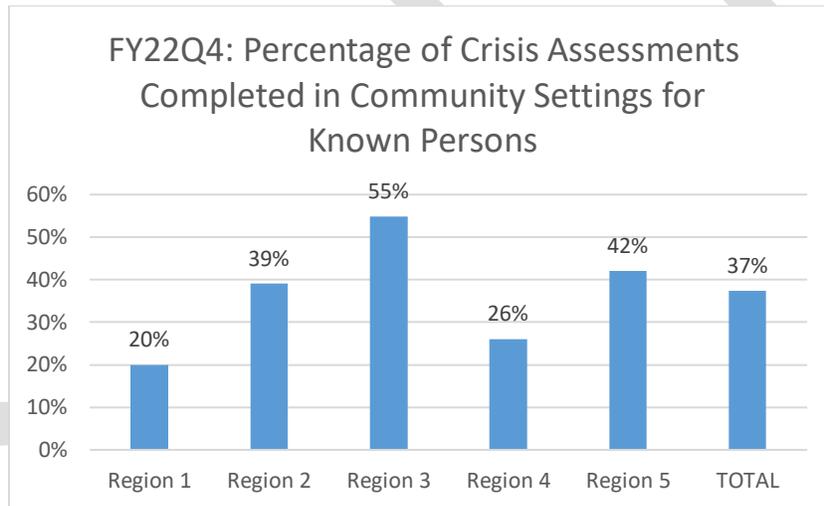


Supplemental Crisis Report: Quarter IV-FY22

This report provides supplemental data to the quarterly Adult and Children’s REACH Data Summary Reports. The data contained in this report correspond to specific compliance indicators agreed upon between the Commonwealth of Virginia and the United States Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. The first report of this nature was developed for data collected in and prior to the third quarter of fiscal year 2020 (FY20Q3).

REACH Crisis Assessments in Community Settings

The REACH programs provide crisis assessments to persons with DD that are experiencing a behavioral health crisis in various settings. The full array of REACH crisis assessments and their locations is available in both the quarterly Adult and Children’s REACH Data Summary Reports. The data provided below speak to the percentage of persons that are known to the system that receive REACH crisis assessments at home, the residential setting, or other community setting, in comparison to crisis assessments completed in emergency rooms/departments or CSB locations. It is most desirable that persons in crisis receive a crisis assessment in the location in which the crisis event occurs, as opposed to being removed from their community setting to be assessed in a different location.

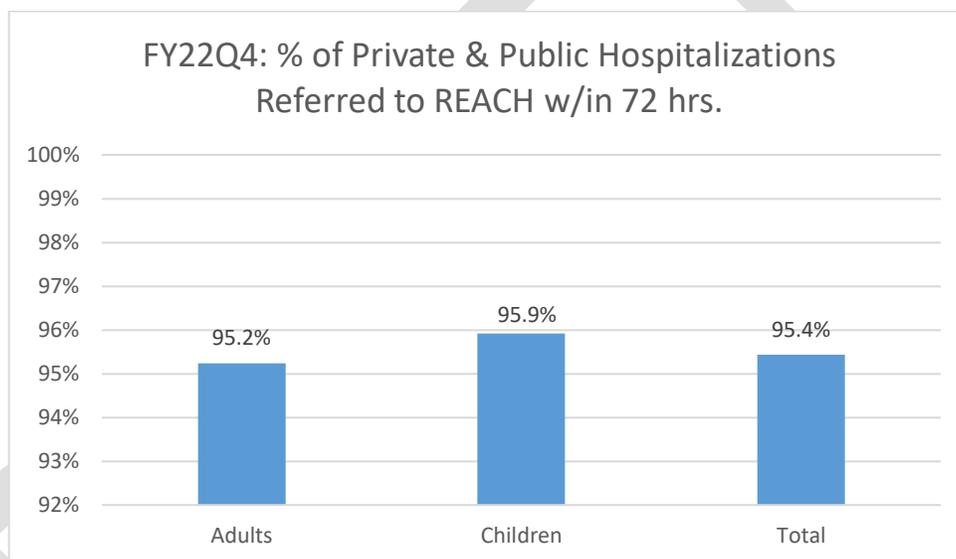


The graph above displays region by region, as well as all regions totaled, the percentage of adults and children combined that are known to the system that received REACH crisis assessments in the home, the residential setting, or other community setting (non-hospital/CSB location). A compliance indicator target has been set of **86% of children and adults who are known to the system will receive REACH crisis assessments at home, the residential setting, or other community setting (non-hospital/CSB location); filing reference 7.8**. As displayed above, 37% of persons received REACH crisis assessments in a community location in FY22Q4 as opposed to 40% in FY22Q3. This data continues to indicate that the target has not been met for this indicator. These data should not be confused with the crisis assessment data included in the Adult and Children’s REACH Data Summary Reports, as those data include all persons receiving a crisis assessment as opposed to just persons known to the system in the previous graphical display.

Hospitalizations

The Commonwealth tracks admissions to state operated psychiatric hospitals, and REACH tracks those to private hospitals as it is made aware. Numerous facets of hospitalization data are analyzed, including but not limited to determining if timely referrals have been made to REACH and examining trends on numbers of persons hospitalized and their associated lengths of stay.

It is critical that persons with a DD diagnosis admitted to psychiatric hospitals are referred promptly to the REACH program. The REACH program can assist hospitals in discharge planning and in offering needed services in the community, such as mobile supports or providing a step down admission to a crisis therapeutic home. A related compliance indicator is as follows: **95% of children and adults admitted to state-operated and private psychiatric hospitals who are known to the CSB will be referred promptly (within 72 hours of admission) to REACH; filing reference 7.13.** As displayed below, approximately 95% of known adults and approximately 96% of known children that were hospitalized during the quarter were referred to REACH within the required 72-hour timeframe. With both populations combined, the percentage is approximately 95% of adults and children known to the CSB that were hospitalized were referred to REACH within 72 hours, which is meeting this compliance indicator for this quarter.

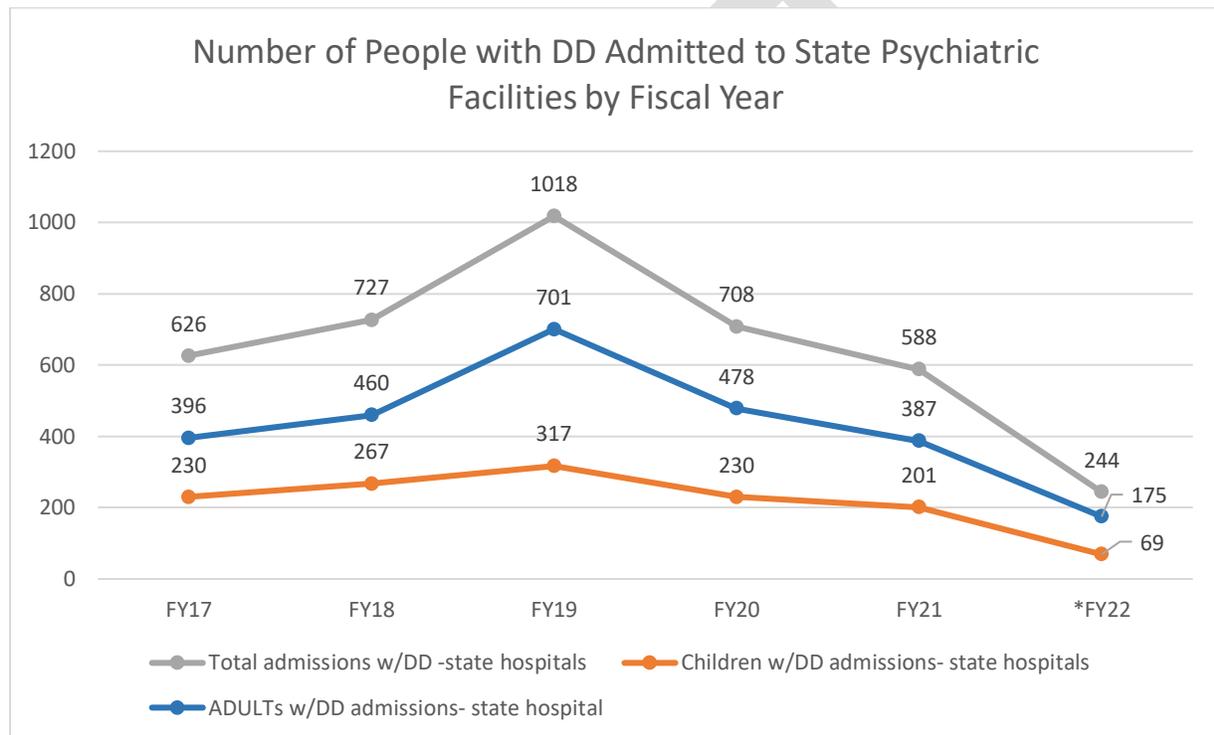


Data on hospitalizations of persons with a developmental disability are examined in several different ways. The Commonwealth has data on persons that are hospitalized in state operated psychiatric facilities such that trends on numbers, average and median length of stays, and percentage of the DD population hospitalized compared to all admissions can be reviewed. There are several compliance indicators surrounding tracking the number of admissions, trends, lengths of stay, and comparisons of DD admissions to admissions of the larger, non-DD population. A compliance indicator surrounding hospitalization data requires that **documentation indicates a decreasing trend in the total and percentage of total admissions as compared to population served and lengths of stay of individuals with DD who are admitted to state-operated and known by DBHDS to have been admitted to private psychiatric hospitals; filing reference 8.6.** An additional compliance indicator related to the following graphical displays in this “Hospitalizations” section of this report reads as follows (*filing reference 8.7*):

For individuals with DD who are admitted to state-operated psychiatric hospitals and those known by DBHDS to have been admitted to private psychiatric hospitals, DBHDS will track the lengths of stay in the following categories:

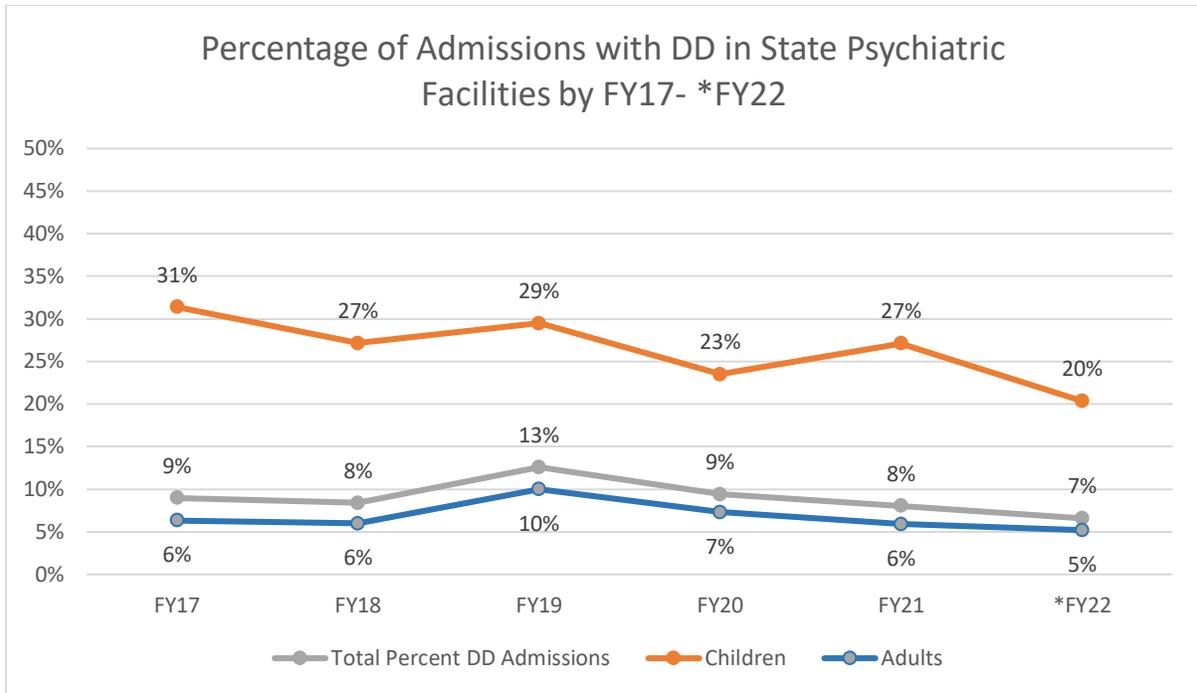
- those previously known to the REACH system and those previously unknown;
- admissions of adults and children with DD to psychiatric hospitals as a percentage of total admissions; and
- median lengths of stay of adults and children with DD in psychiatric hospitals.

Trend data from fiscal years 2017 through the third quarter of fiscal year 2022 on the number of admissions of persons with a developmental disability into a state hospital is available in the graphical display that follows. This is broken down into both age populations (adults and children) and displayed as a total below.



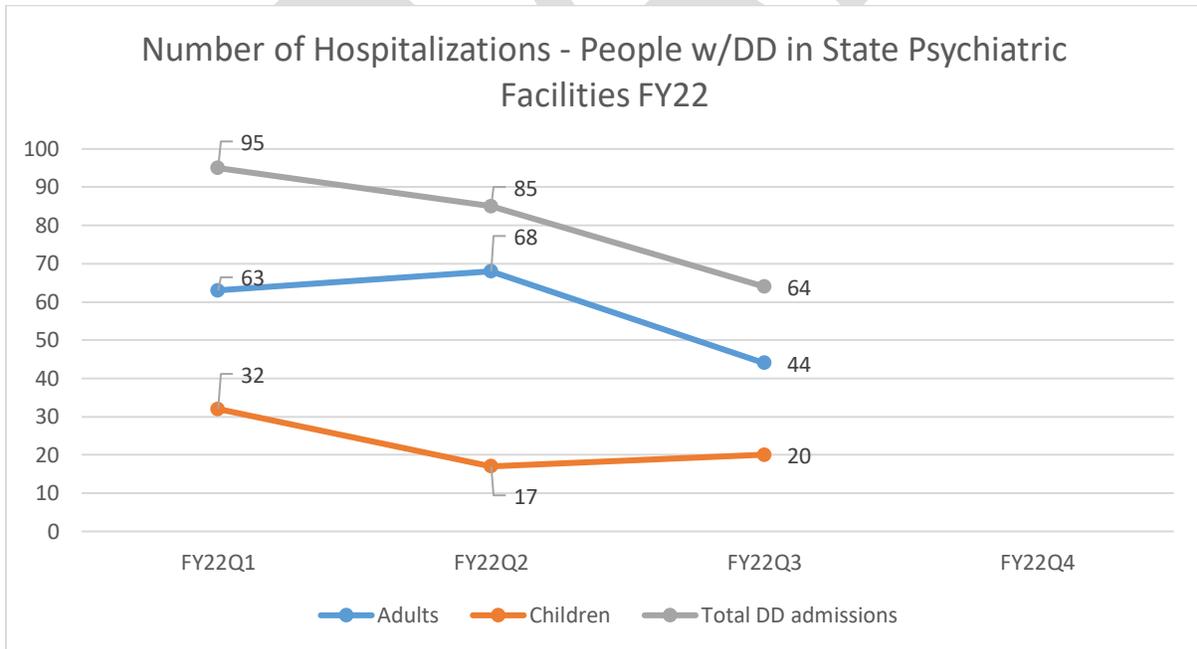
*FY22: Only quarters' one through three.

On the next page, these data are also displayed as a percentage of DD admissions to the entire sum of all individuals that were admitted to a state psychiatric facility in FY17 through the third quarter of fiscal year 2022.



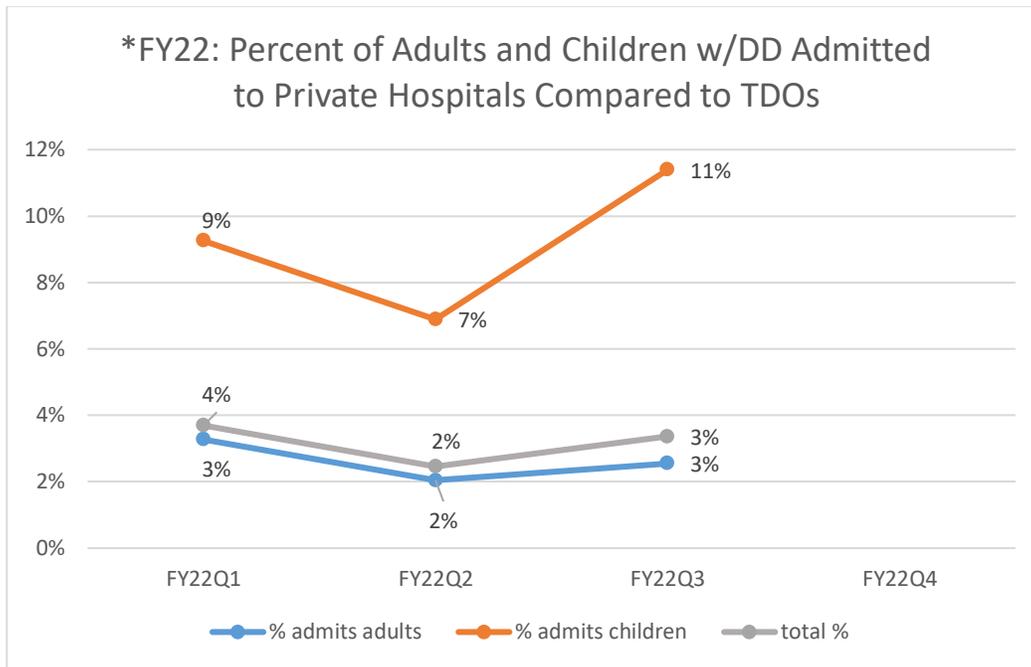
*FY22: Only quarters' one through three.

Trend data for quarters of the fiscal year 2022 will be displayed on the graph below as the year progresses.

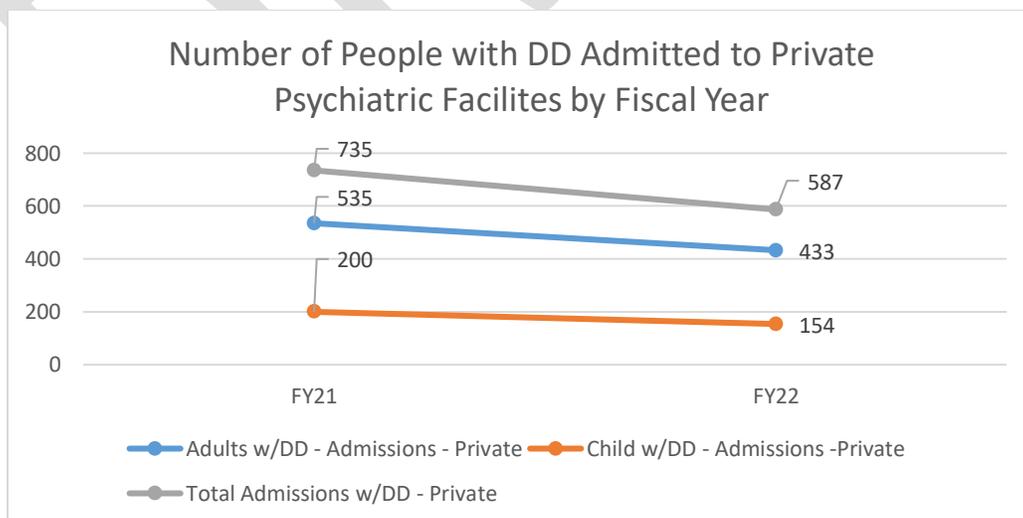


DBDHS is able to provide data on individuals with DD that become known to REACH either through an ES referral or through the private hospital, individual, family member, or other stakeholder referring the individual to REACH. DBHDS also has data available on the number of total Temporary Detention Orders (TDOs) issued each quarter for persons with and without a DD diagnosis. With that noted, individuals can be voluntarily hospitalized in private hospitals that DBHDS and REACH may not become

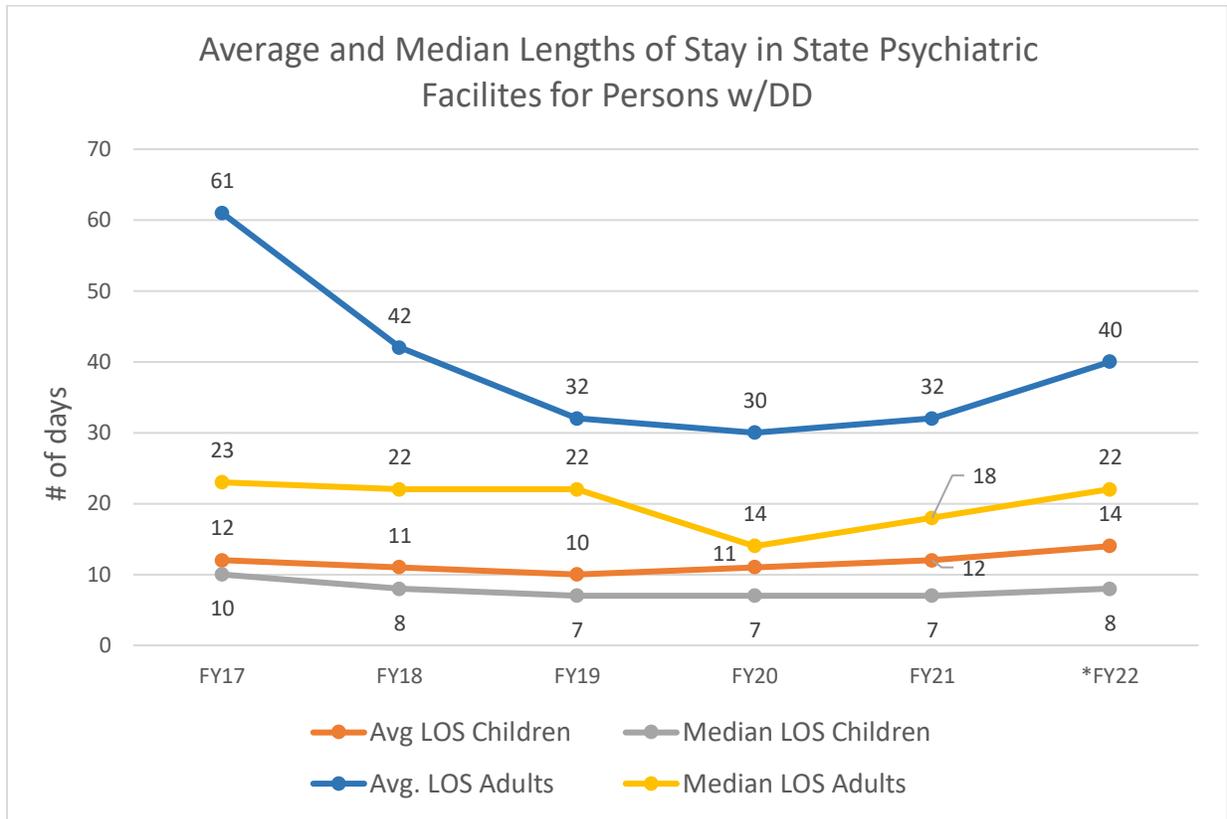
aware of; thus, the data that follows should not be interpreted as including the entire representation of all persons hospitalized in private hospitals. The first set of data on the following page display the percentage of persons with DD that REACH is aware of that are hospitalized in private hospitals compared to private hospitalization TDOs for individuals with DD and without DD (all private hospitalization TDOs). The second chart displays the number of individuals with DD, as known to the REACH program, that were admitted in the fiscal year to a private hospital. Note: Fiscal year 2021 was the first complete fiscal year that data was available, and data for subsequent fiscal years will continue to be added over time.



*FY22: Only quarters' one, two, and three data only.

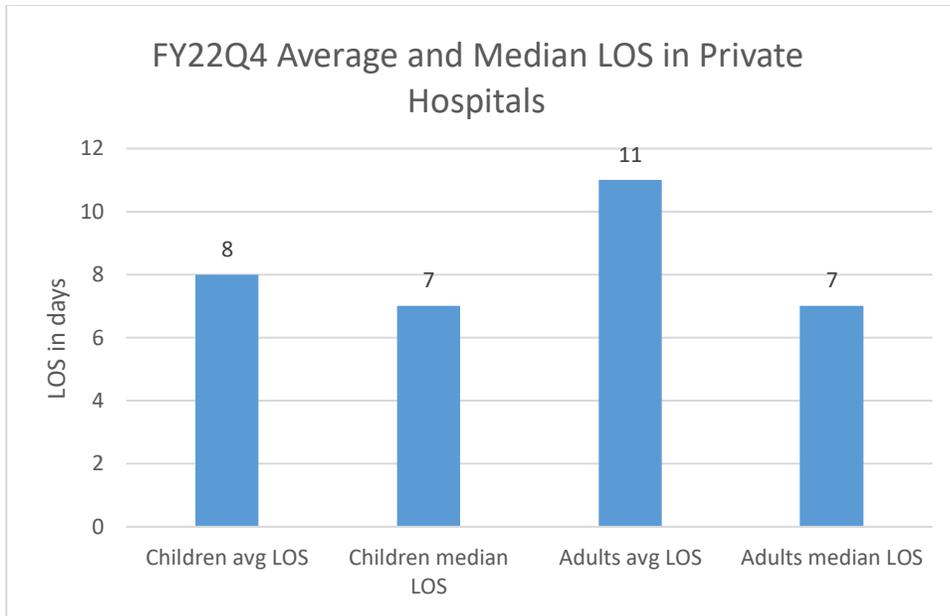


Over the past several fiscal years, the Commonwealth has been tracking information on the average and median lengths of stay for persons admitted to state psychiatric hospitals. The average length of stay and median lengths of stay for both adults and children admitted and discharged in the full fiscal years of FY17-FY21 are displayed below. Quarters one through three for FY22 is also displayed on the graph.

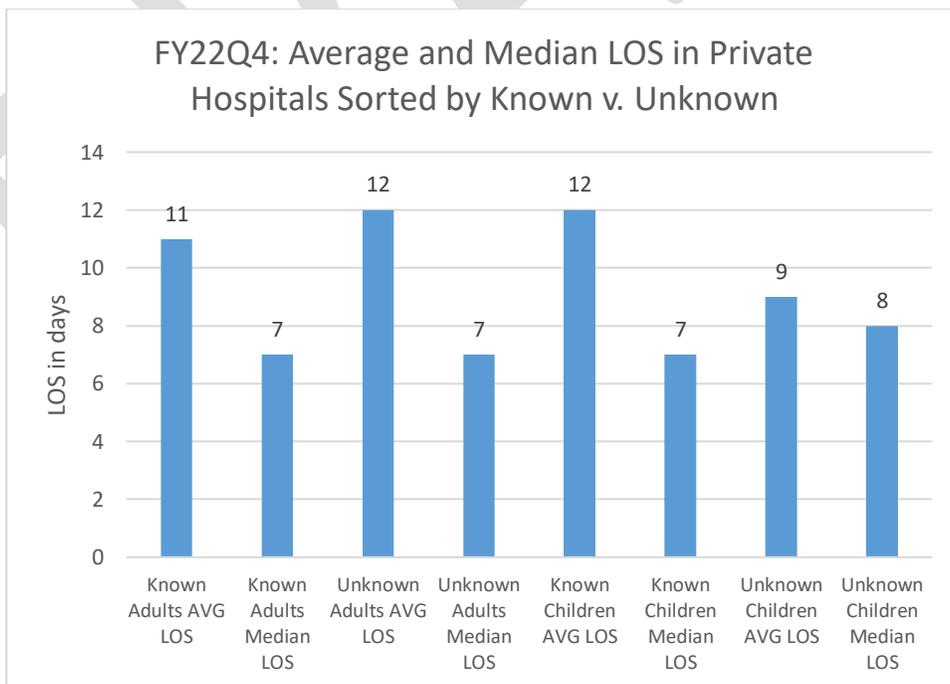


*FY22: Only quarters' one through three.

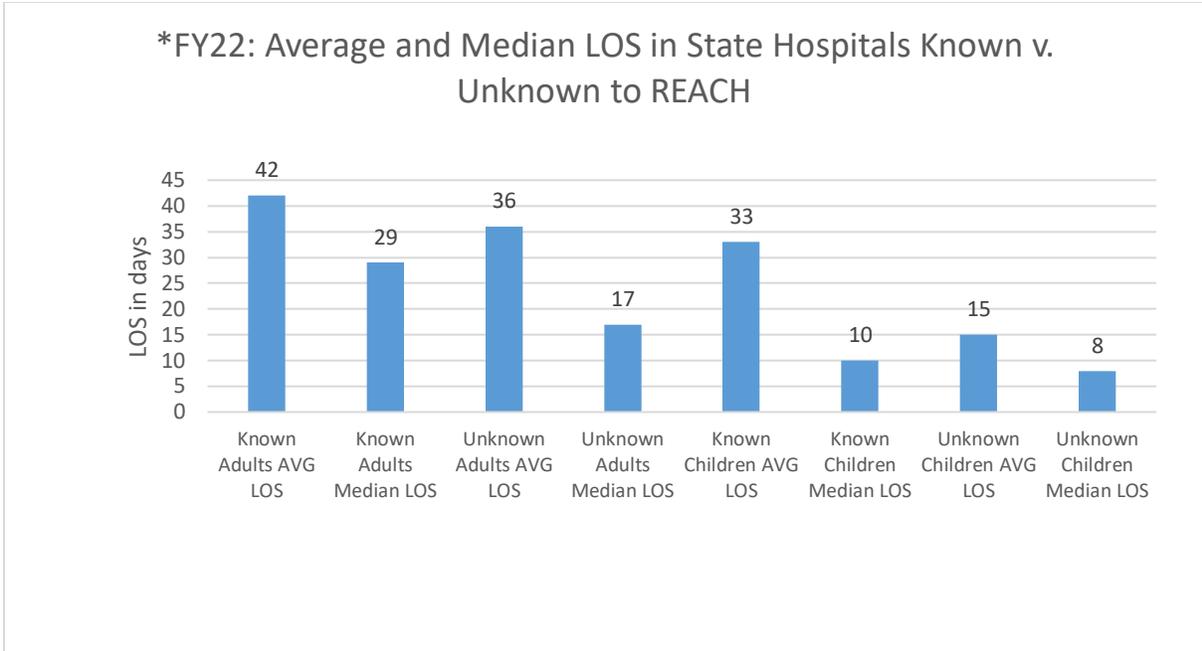
REACH is tracking lengths of stay for persons in a private psychiatric hospital as the REACH programs are made aware of such persons. The data for FY22Q4 for median length of stay for adults and children was 7 days as compared to 8 days in FY22Q3. In comparing the average length of stay in FY22Q3 to FY22Q4, the adults average length of stay remained at 11 days and the children's length of stay decreased from 11 to 8 days. This information for the current quarter under review is provided on the next page.



REACH is capturing information for hospitalized persons based upon if they are accepting or refusing REACH services surrounding their hospitalization. If the person (or their decision maker, as applicable) accepts REACH services (“known”), REACH can participate in discharge planning and offer mobile supports in the community, or a step down stay at a crisis therapeutic home if indicated. An individual (or their decision maker) may elect to decline REACH services (“unknown”) when offered which is outside of the program’s control. Length of stay data for private hospitalizations for FY22Q4 are displayed below. In the context of the graphs that follow on average and median lengths of stay, accepting is displayed as “known” and refusing services is displayed as “unknown”.



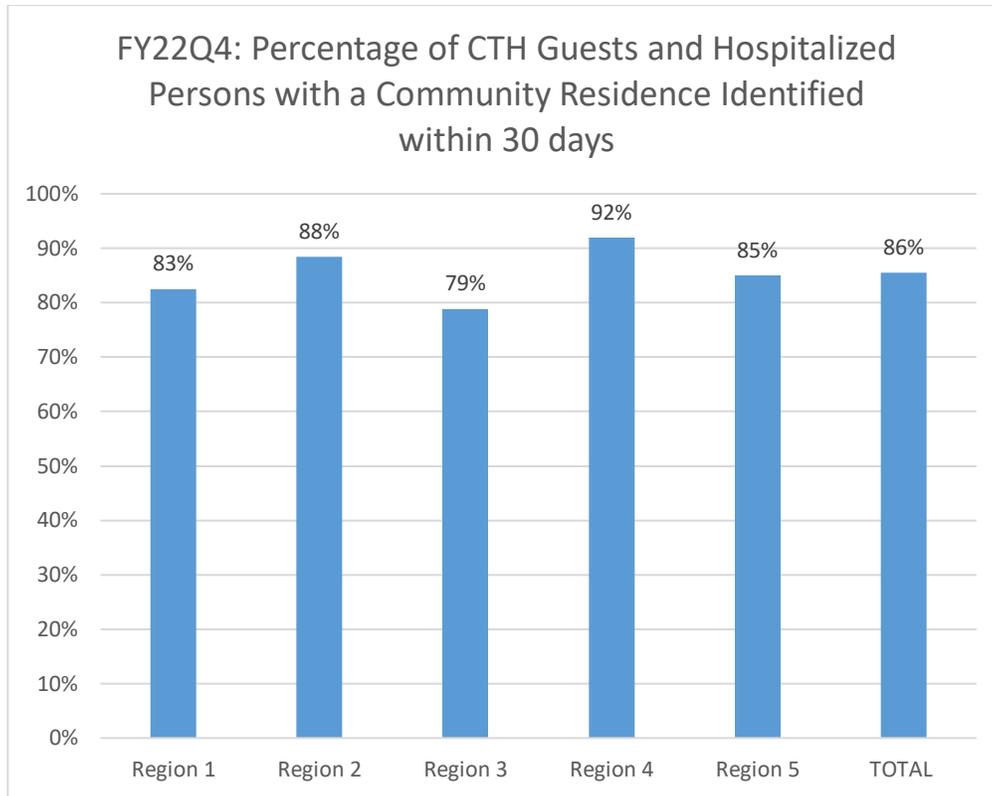
Length of stay data for FY22Q1 – Q3 are noted below for known versus unknown to REACH persons in state psychiatric facilities.



*FY22: Only quarters' one through three data.

Identification and Development of Community based Residences

The REACH programs continue to work towards timely and appropriate discharge for persons that are admitted to REACH Crisis Therapeutic Homes (CTH), as well as are partners in discharge planning for persons that accept REACH services while hospitalized. Some individuals become known to the larger public system of developmental services (and REACH) only after they have been hospitalized, or after a hospitalization has been diverted and the person has been admitted to a REACH CTH. For individuals that have never been connected to a CSB and/or to REACH, activating basic services and associated funding stream(s) may take a protracted duration; achieving a discharge timeline of 30 days is highly unusual for persons with such a profile. A related compliance indicator is as follows: **86% of individuals with a DD waiver and known to the REACH system who are admitted to CTH facilities and psychiatric hospitals will have a community residence identified within 30 days of admission; filing reference 10.4 (also included in filing reference 11.1).** The data that follow display the percentage of persons admitted with a waiver into a CTH facility, as well as persons admitted into psychiatric hospitals that accepted REACH services, that have a community residence identified within 30 days. The data is calculated within and across all regions.



As demonstrated above, 86% of this group had a community residence identified within 30 days in FY22Q4, which is meeting the target for this compliance indicator for this quarter. This maintains the same performance as the previous quarter, when 86% of this group also had a community residence identified within 30 days.

In FY18, DBHDS issued a Request for Proposal (RFP) to target the further development of residential providers that can support persons with complicated behavioral needs, as well as persons with co-occurring behavioral health disorders. Via this RFP process, multiple vendors were selected to serve this unique population, which includes persons exiting training centers, persons that have contacted the REACH crisis system, persons that are stepping down from psychiatric hospitalizations, persons in out of state placements, and persons that require complex behavioral/behavioral health services to avoid crisis situations and/or admission to restrictive placements (such as a psychiatric hospital). RFP requirements stipulate person centered and trauma informed care practices, as well as incorporation of appropriate administrative oversight (including nursing, as appropriate, and behavior analysis services). Crisis prevention and stabilization services were also baked-in RFP requirements, as is working in concert with REACH. Based on the population served in these residences, some providers are also incorporating training components through a venerable certification process for individuals with dual diagnoses. A related compliance indicator is as follows: **DBHDS will increase the number of residential providers with the capacity and competencies to support people with co-occurring conditions using a person-centered/trauma-informed/positive behavioral practices approach to 1) prevent crises and hospitalizations, 2) to provide a permanent home to individuals discharged from CTHs and psychiatric hospitals; filing reference 10.3.** As noted in previous reports, seven homes have been brought online through the original FY18 RFP process which upon completion resulted in the opening of 34 new beds in the Commonwealth to serve people with DD who present with challenging behavior/mental health needs. At the time of this report, there are 26 out of 34 beds filled. Two providers are currently working to admit new residents to fill the available beds. Beyond these 34 beds across the

seven homes, there are providers that have worked closely with DBHDS to continue to serve this population, totaling seven additional beds, with each bed full at the time of this report. The homes denoted are operational across all regions of the state. At the time of this report, DBHDS is involved in an additional (new) RFP process that closely parallels the parameters of the original FY18 RFP to develop more homes to support individuals with high behavior needs.

As it relates to resources for individuals that are hospitalized or without disposition at REACH CTHs and need a waiver as a resource for community based services, the emergency waiver slot process remains in use for Community Services Board and Behavioral Health Authorities. A related compliance indicator is as follows: **DBHDS will utilize waiver capacity set aside for emergencies each year to meet the needs of individuals with long term stays in psychiatric hospitals or CTHs; filing reference 10.2.**

As reported out in the Supplemental Crisis Report from FY22Q3, three people had not yet had services initiated from a waiver slot awarded in FY22Q2. The current update for these people are available below (Table 1).

Table 1: FY22Q2: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 4	Supported living
Person 5	Group home 4 or less
Person 6	CSB leadership reports that the individual and guardian refused all services offered, waiver was inactivated

Also reported out in FY22Q3, there were 4 people that had not yet had services initiated from a waiver slot awarded. The current update for these people are available below (Table 2).

Table 2: FY22Q3: update on emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 1	Group day, group home 4 or less
Person 3	Services not yet initiated
Person 5	Group home 4 or less
Person 6	Group home 4 or less

Thus far in FY22, there have been 78 emergency slots awarded, of which 25 (approximately 32%) were provided to people with long term stays in psychiatric hospitals, CTHs, or an Adult Transition Home

The waiver services for individuals that received an emergency slot in FY22Q4 are available in the table on the following page (Table 3).

Table 3: FY22Q4: emergency waiver slot to meet needs of individuals discharging from hospital, CTH, or ATH and type of waiver services accessed

Person receiving waiver slot from REACH, ATH, or hospitalization	Waiver service(s) accessed
Person 1	Group home 4 or less
Person 2	Services not yet initiated
Person 3	Services not yet initiated
Person 4	Sponsored residential
Person 5	Companion services, Group home 4 or less, Therapeutic consultation

As it relates to avoiding institutionalization for individuals listed as Priority on the waiver waiting list, an associated compliance indicator reads as follows (*filing reference 29.26*):

The Commonwealth ensures that at least 95% of applicants assigned to Priority 1 of the waiting list are not institutionalized while waiting for services unless the recipient chooses otherwise or enters into a nursing facility for medical rehabilitation or for a stay of 90 days or less. Medical rehabilitation is a non-permanent, prescriber-driven regimen that would afford an individual an opportunity to improve function through the professional supervision and direction of physical, occupational, or speech therapies. Medical rehabilitation is self-limiting and is driven by the progress of the individual in relation to the therapy provided. When no further progress can be documented, individual therapy orders must cease.

During the 3rd quarter of FY22, 8 individuals were admitted to an ICF IID. Of these 8 individuals admitted to an ICF IID, none of them were on the Priority 1 waitlist.

Additionally, during the 3rd quarter of FY22, there were 168 individuals admitted to private psychiatric hospital (REACH aware) and 64 admitted to the state psychiatric hospitals. Of these 232 individuals in the first quarter, 5 individuals were on the Priority 1 waiting list.

Finally, during the 3rd quarter of FY22, there were 105 adults and 4 children that were screened for admission to a nursing facility. None of these people were on the Priority 1 waiting list.

The total number of people institutionalized from the Priority 1 waiting list was 5. The total number of people on the Priority 1 waiting list at the end of the quarter was 2733. Therefore, DBHDS met the expectation, as 99.8% of people on the Priority 1 waiting list were not institutionalized.

Crisis Education and Prevention Plans and REACH Employee Training

As per agreement, the two compliance indicators listed below are on a semi-annual report out schedule. Therefore, no data is provided for this quarter, but will be included in the FY23Q1 Supplemental Crisis Report.

- A related compliance indicator for mobile crisis CEPPs is as follows: **86% of initial CEPPs are developed within 15 days of the assessment; filing reference 8.4.**
- A related compliance indicator for REACH employee training is as follows: **86% of REACH staff will meet training requirements; filing reference 8.3.**

Assessing Risk for Crisis/Hospitalization

To foster proactive and preventative referrals to the REACH program, DBHDS initiated the Crisis Risk Assessment Tool (CAT) in FY21Q1. This tool and associated training are currently being utilized throughout CSBs/BHA in the Commonwealth.

The following compliance indicator speaks directly to training for CSB personnel on identifying risk for going into crisis for adults and youth:

DBHDS will ensure that all CSB Executive Directors, Developmental Disability Directors, case management supervisors, and case managers receive training on how to identify children and adults receiving active case management who are at risk for going into crisis. Training will also be made available to intake workers at CSBs on how to identify children and adults presenting for intake who are at risk for going into crisis and how to arrange for crisis risk assessments to occur in the home or link them to REACH crisis services; filing reference 7.5.

A web-based training on the Crisis Risk Assessment Tool was made available to all target CSB staff through the Commonwealth of Virginia's Learning Center (COVLC) on July 1, 2020. As of June 30, 2022, a total of 3,570 CSB/BHA staff have completed this training, with training occurring in all CSBs/BHA across the Commonwealth. This is an increase of 139 CSB/BHA personnel trained since the previous report.

Additionally, a related compliance indicator speaks to the requirement of timeliness of training for intake workers and case managers: **DBHDS will add a provision to the CSB Performance Contract requiring training on identifying risk of crisis for case managers and intake workers within 6 months of hire; filing reference 7.6.**

In FY22Q3, DBHDS completed a review of CSB staff that work with individuals with developmental disabilities to determine if targeted staff (e.g. intake workers, case managers) had completed this training within the required timeframe. DBHDS requested and received employee information, including hire and separation dates (if applicable) for such employees from all 40 CSBs for any staff member that was employed on or after July 1, 2020. These employee data were compared to COVLC training data to determine the percentage of staff that had completed the training either within 182 days of their hire (for staff hired on or after 7/1/2020), or within 182 days of the training becoming required (for staff hired prior to 7/1/2020). DBHDS established "182 days" for comparison purposes as this reflects approximately 6 months (or half) of the year in days, as "6 months" is noted in the indicator. Results of this comparison demonstrate the following:

- 75% of staff completed the training within 182 days of their hire (for those employed on 7/1/2020 or after) or within 182 days of the training becoming required (for those employed prior to prior to 7/1/2020)
- 76% of all staff completed the training (regardless of how long it took them to complete the training in comparison to their hire date)

Additionally, a related compliance indicator on quality review of identifying persons at risk of crisis and referring to REACH when indicated is as follows: **DBHDS will implement a quality review process conducted initially at six months, and annually thereafter, that measures the performance of CSBs in identifying individuals who are at risk of crisis and in referring to REACH where indicated; filing reference 7.7.** Data for this indicator were reported in the FY22Q2 Supplemental Crisis Report. Per language in agreement above, these data will be reported again in a future iteration of this report on an annual basis.

Availability of Direct Support Professionals

In past reports, the data in this section has corresponded to specific compliance indicators surrounding persons with developmental disabilities in the Commonwealth that are in the Support Level 7 category (filing references 7.21, 7.22, and 7.23). These data will be reported out again in the next Supplemental Crisis Report and a semi-annual basis thereafter.

Summary

This is the tenth supplemental quarterly report on specific indicators agreed upon between the Commonwealth and the US Department of Justice surrounding crisis services for persons with developmental disabilities in the Commonwealth. Data will continue to be utilized to guide decision making to meet the overarching goal of Virginians with a developmental disability that contact the crisis system receiving timely and effective services in the least restrictive setting possible.

ADDENDUM

As a part of the joint filing of agreed upon curative actions in October 2021, DBHDS will begin providing requested data quarterly related to customized rate applications quarterly in this report. The specific curative action that relates to compliance indicator filing reference 7.18 reads as follows: *Report customized rate applications, approvals, and denials quarterly.* The tables below provide data on applications, approvals, and denials for customized rates from January 1, 2022 through March 31, 2022.

Table 4: Customized rate approvals and denials, FY22Q3

Application Status	Approved	Denied	Withdrawn	Total
Processed/Decision Rendered	40	5	2	47

The table above outlines the total number of applications during this time period to include approved and denied. As noted above, 89% of applications were approved (excludes the two applications withdrawn by the provider).

Table 5: Approvals and denials by SIS level, FY22Q3

SIS	Approved	Denied	Withdrawn	Total
Level 1	0	0	0	0
Level 2	4	0	1	5
Level 3	4	0	0	4
Level 4	6	0	0	6
Level 5	0	0	0	0
Level 6	0	0	0	0
Level 7	26	5	1	32
TOTAL	40	5	2	47

The table above further breaks down the approvals and denials by SIS (Supports Intensity Scale) level.

Table 6: Approvals and denials by service requested, FY22Q3

Service	Approved	Denied	Withdrawn	Total
Group Day	9	0	0	9
Group Home	31	5	2	38

In home Supports	0	0	0	0
Sponsored	0	0	0	0
Supported Living	0	0	0	0
Community Coaching	0	0	0	0
TOTAL	40	5	2	47

The table above gives information on the service type being requested for a customized rate based upon approvals and denials.

Table 7: Reasons for denials, FY22Q3

Denial Status	Total
Exceptional support need not demonstrated	0
1:1 or 2:1 staffing need not demonstrated	0
Need for higher qualified staffing not demonstrated	0
Need for increased programmatic oversight not demonstrated	0
The requested service needs can be met within the individual's current level and tier or through the use of other services available to the individual within the Medicaid program	5
Proper supporting documentation was not submitted or an incomplete application was received	0
TOTAL	5

The table above provides detailed information regarding the reason that the customized rate review committee denied an application.

Table 8: Approvals & denials for residential services based on bed capacity

Bed Capacity	Approved	Denied	Withdrawn	Total
4 or less	30	3	2	35
5 Bed	0	1	0	1
6 Bed	1	1	0	2
7 Bed	0	0	0	0
8 Bed	0	0	0	0
TOTAL	31	5	2	38

The final table above provides information on the bed capacity of the provider that requested the customized rate. For total applications submitted, 86% of requests were for a residential based customized rate (82% if applications that were withdrawn by the provider are included).